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|--|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>The VITEC Group, Inc.</b>  | DUE DATE: <b>7/31/2014</b>   |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>OSIE V COMBS JR<br/>107 REGATTA LN<br/>STAFFORD, VA</b> | SCC ID NO: <b>05799788</b>   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>STAFFORD COUNTY</b>  | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS  | AUTHORIZED   |       |            |        |       |
| COMMON   | 1,000  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |  |       |            |        |       |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 107 REGATTA LANE<br><br>CITY/ST/ZIP: STAFFORD, VA 22554 |  |
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: OSIE V COMBS JR<br>TITLE: P/CEO<br>ADDRESS: 107 REGATTA LANE<br>CITY/ST/ZIP/CO: STAFFORD, VA 22554      | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: IRIS COMBS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 107 REGATTA LANE<br>CITY/ST/ZIP/CO: STAFFORD, VA 22554  | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: MELANY COMBS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 3411 DRAGON VIEW COURT<br>CITY/ST/ZIP/CO: VALRICO, FL | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: NATALIE COMBS<br>TITLE: 2ND VP<br>ADDRESS: 5021 LA BRANCH ST<br>CITY/ST/ZIP/CO: HOUSTON, TX 77004       | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |            |
|---|----------------------------------|------------|
| /s/ OSIE V COMBS JR                                 | OSIE V COMBS JR, P/CEO           | 11/26/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE       |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.